

1. Person number _____	1. Person number _____	1. Person number _____
2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____	2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____	2a. _____ OR { 7777 [] Last week 8888 [] Week before Month _____ Date _____
b. Y (Reask 2a and b) N (Ask 3-8 for each visit)	b. Y (Reask 2a and b) N (Ask 3-8 for each visit)	b. Y (Reask 2a and b) N (Ask 3-8 for each visit)
3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____	3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____	3. 0 [] While inpatient in hospital (Next DV) 1 [] Doctor's office (group practice or doctor's clinic) 2 [] Telephone 3 [] Hospital Outpatient Clinic 4 [] Home 5 [] Hospital Emergency Room 6 [] Company or Industry Clinic 7 [] Other (Specify) _____
4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____	4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____	4. 01 [] General practitioner [] Specialist - What kind of specialist is he? _____
5. 1 Y 2 N	5. 1 Y 2 N	5. 1 Y 2 N
6a. _____ 1 [] Diag. or treatment (6c) 3 [] General checkup (6b) 2 [] Pre or Postnatal care 4 [] Eye exam. (glasses) 5 [] Immunization 6 [] Other _____ } (7)	6a. _____ 1 [] Diag. or treatment (6c) 3 [] General checkup (6b) 2 [] Pre or Postnatal care 4 [] Eye exam. (glasses) 5 [] Immunization 6 [] Other _____ } (7)	6a. _____ 1 [] Diag. or treatment (6c) 3 [] General checkup (6b) 2 [] Pre or Postnatal care 4 [] Eye exam. (glasses) 5 [] Immunization 6 [] Other _____ } (7)
b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a	b. Y (Enter condition in 6a and change to "Diag. or treatment") N (7) [] Condition reported in 6a
c. _____	c. _____	c. _____
7. City _____ County _____ State _____	7. City _____ County _____ State _____	7. City _____ County _____ State _____
8. _____ Minutes	8. _____ Minutes	8. _____ Minutes
PI A Condition page is required for the condition in question 6. If there is no Condition page, enter condition in item C and fill a page for it after completing columns for all required doctor visits.		